IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

: 1763

Customer No.: 035811

Examiner

: Jeffrie Robert Lund

Serial No.

: 10/722,985

Filed

: November 26, 2003

Inventors

: Pierre Bouchaïb

Docket No.: 1419-03

: Franck Stemmelen

Confirmation No.: 9024

Title

: MOLECULAR BEAM EPITAXY EQUIPMENT

Dated: April 1, 2005

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard \$1,020 Check Amendment Transmittal Letter, in duplicate

Amendment

Substitute Specification – Marked Up Copy Substitute Specification – Clean Copy 7 Replacement Sheets of Figs. 1-8

Copy of page 280 of New Webster's Dictionary of the English Language (1981) Claim of Extension of Time, in duplicate

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

> Name of Applicant, Assignee, Applicant's Attorney or Registered Representative:

> > DLA Piper Rudnick Gray Cary US LLP Customer No. 035811



Attorney Docket No.: 1419-03

Serial No.:

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November 26, 2003

For:

MOLECULAR BEAM EPITAXY EQUIPMENT

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- _ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA		
TOTAL	* 9	-	** 20=	0		
INDEP.	* 2	-	** 3=	0		
Application Size Fee						
First Presentation of Multiple Dependent Claim						

		_
	ADD'L	
RATE	FEE	OF
x 25 =	\$	
X 100 =	\$	
	\$	
+180=	\$	A
		

D 4 000	ADD'L
RATE	FEE
x50 =	\$
x 200 =	\$
x250=	\$
+360=	\$

TOTAL ADDITIONAL FEE

 $0 \quad OR$

\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

 Please charge my Deposit Account No. 50-2719 in the amount of \$	
A duplicate copy of this sheet is enclosed.	

- A check in the amount of \$ is attached.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
 - \underline{x} Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
 - <u>x</u> Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

Steven A. Nash Reg. No. 45,507

Attorney for Applicants

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